MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR [redacted] WITH FORM PTO-875)

SERIAL NO. 10/527805

FILING DATE

APPLICA[redacted]

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1					
5		1				
6		1				
7		1				
8		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	4					
TOTAL CLAIMS	5					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP						
TOTAL CLAIMS						